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PTO/SB/05 (11-00)

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UTILITY PATENT APPLICATION **TRANSMITTAL**

oxplus

Attorney Docket No. MI22-1940 Ross S. Dando First Inventor

(Only for new nonprovisiona	l applications under 37 CFR 1.53(b))	Express Mail Label No. EV02613721803	
APPLICAT	ION ELEMENTS	ADDRESS TO: Assistant Commissioner for Pater Box Patent Application Washington, DC 20231	TEN
See MPEP chapter 600 concer	rning utility patent application contents.		
1. X Fee Transmittal For (Submit an original and a du, Applicant claims sm See 37 CFR 1.27.	all entity status.	7. CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) 8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>)	
3. Specification (preferred arrangement s	[Total Pages 27]	a. Computer Readable Form (CRF)	l
- Descriptive title of Cross Reference - Statement Regarence to see or a computer property of the Compuner of the Compuner of the Computer Property of the Computer Proper	f the invention TCTCTE Page to Related Applications ding Fed sponsored R & D uence listing, a table, ogram listing appendix te Invention	b. Specification Sequence Listing on: i CD-ROM or CD-R (2 copies); or ii paper c Statements verifying identity of above copies	
- Brief Summary of	of the Invention	ACCOMPANYING APPLICATION PARTS	
 Brief Description Detailed Descrip Claim(s) Abstract of the I 		9. X Assignment Papers (cover sheet & document(single) 10. X Power of (when there is an assignee) Power of Attorney	" 🗸
 4. X Drawing(s) (35 U. 5. Oath or Declaration 	S.C. 113) [Total Sheets 3]	11. English Translation Document (if applicable) 12. Information Disclosure Copies of Statement (IDS)/PTO-1449 Copies of Citations	IDS
Nowly execut	ted (original or copy)	13. Preliminary Amendment	ļ
Convitrom a	prior application (37 CFR 1.63 (d)) ion/divisional with Box 18 completed)	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
; DELETI	ON OF INVENTOR(S)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)	
Signed stat	ement attached deleting inventor(s) ne prior application, see 37 CFR and 1.33(b).	16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/S	B/35
	Sheet. See 37 CFR 1.76	or its equivalent Check in the amount of \$	
19 If a CONTINUING APPLI	CATION, check appropriate box, and st	upply the requisite information below and in a preliminary amend	ment,
or in an Application Data She	pet under 37 CFR 1.76: Divisional Continuation-in-part (CIF	of prior application No.:	_
Prior application information:	Examiner	Group Art Unit:	 under
For CONTINUATION OR DIVISI	ONAL APPS only: The entire disclosure of	the prior application, from which an oath or declaration is supplied tinuation or divisional application and is hereby incorporated by refe	rence.
Box 5b, is considered a part of	relied upon when a portion has been inac	literation of divisional application parts.	
The meerperanen garage	19. CORRESPON	IDENCE ADDRESS	
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Name	Mark S. Matkin, Wells St. Joh	n P.S.	
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Addross			
Address	g 1	State WA Zip Code 99201-3	828
City	Spokane		
Country		Felephone 509-624-4276 Fax 509-838	
(District (Towns)	Mark S. Matkin	Registration No. (Attorney/Agent) 32,268	
Name (Print/Type)	Mark S. Matkin	2/20/20	
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PTO/SB/17 (12/99)

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Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

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spond to a collection of info	rmation unless it displays a valid OMB control number.
	mplete if Known
Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Ross S. Dando
Examiner Name	Unassigned
Group / Art Unit	Unassigned
Attorney Docket No.	MI22-1940

The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number Deposit Account Name Wells St. John P.S. Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 Deposit Account Name Woney Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 Deposit Account Name Wells St. John P.S. It is contained to charge indicated fees and credit any overpayments to: Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe
Deposit Account Number Deposit Account Name Deposit Account Name Deposit Account Name Wells St. John P.S. Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 Deposit Account Name Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee (\$) Code (\$) Tool 130 205 65 Surcharge - late filing fee or oath 127 50 227 25 Surcharge - late provisional filing fee or cover sheet. 139 130 139 130 Non-English specification 147 2,520 147 2,520 For filing a request for reexamination 112 920* 112 920* Requesting publication of SIR prior to Examiner action 2. Payment Enclosed: 113 1840* Requesting publication of SIR after 0.0
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2. X Payment Enclosed: 113 1840* Requesting publication of SIR after 0.0
Y Check Other Examiner action
115 110 215 55 Extension for reply within first month 0.0
FEE CALCULATION 116 380 216 190 Extension for reply within second month 0.
1. BASIC FILING FEE 117 870 217 435 Extension for reply within third month 0.
Large Entity Small Entity Fee Fee Fee Fee Fee Fee Description Fee Paid 118 1,360 218 680 Extension for reply within fourth month 0. 118 1,360 218 680 Extension for reply within fifth month 0. 129 200 201 Extension for reply within fifth month
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119 300 219 150 Filtre a brief in support of an appeal
107 480 207 240 Plant filing fee
108 600 208 345 Reissue filing fee
114 150 214 75 Provisional filing fee 138 1,510 138 1,510 Petition to revive - unavoidable 0.
SUBTOTAL (1) (\$) 740.00 141 1,210 241 605 Petition to revive - unintentional 0.
2. EXTRA CLAIM FEES 142 1,210 242 605 Utility issue fee (or reissue) 0
Fee from below Fee Paid 143 430 243 215 Design issue fee 0
Total Claims 61 -20" = 41 × 18 = 738 144 580 244 290 Plant issue fee 0
Claims
Multiple Dependent
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Fee Fee Fee Fee Fee Description property (times number of properties) 40.
103 18 203 9 Claims in excess of 20 146 690 246 345 Filing a submission after final rejection (37 CFR § 1.129(a)) 0.
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid 149 690 249 345 For each additional invention to be examined (37 CFR § 1.129(b)) 0.
109 78 209 39 ** Reissue independent claims
over original patent Other ree (specify)
and over original patent Other fee (specify)
SUBTOTAL (2) (\$) 990.00 • Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00
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SUBMITTED BY Name (Print/Type) Mark S. Markin Registration No. (Attorney/Apert) 32,268 Telephone 509-624-4276
Name (Print/Type) Mark S. Matkin (Attorney/Agent) 32,268 Peterphone 309-024-42/0

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